

SECTION I

**Course Approvals
Instructor Requirements
Facility Approvals
Reimbursement Funding
Certification Requirements**

Section 140.65 Certified Fire Apparatus Engineer

The Certified Fire Apparatus Engineer course is designed to meet a specialty need within the fire service. The program equals or exceeds the requirements of NFPA 1002, Fire Apparatus Driver/Operator Professional Qualifications, 1998 edition.

- a) Prerequisites.
 - 1) Certification as a Firefighter II.
 - 2) See Section 140.50 (a) above.
 - 3) Completion of the Certified Fire Apparatus Engineer course of two modules; pumper operations and apparatus driving.
 - 4) Pass State end-of-course written and practical skill examinations.
 - 5) Possess the appropriate class of driver's license in accordance with the Illinois Vehicle Code (625 ILCS, Act 5)
 - 6) Application for certification which includes attestation by Fire Chief that all practical driving skills as specified in NFPA 1002 have been taught.
- b) Funding. A maximum of 108 hours is available for reimbursement funding. No funding is available for repeat courses.
- c) Instructor Qualifications. There is no Fire Apparatus Engineer Instructor certification level. Persons planning to offer this program must:
 - 1) Be a Certified Fire Service Instructor II, and
 - 2) Be a Certified Fire Apparatus Engineer.
 - 3) When a department is initiating a Fire Apparatus Engineer program, the initial course may be conducted by a Certified Fire Service Instructor II who is not a Certified Fire Apparatus Engineer. However, the practical skill examination must be conducted by a Certified Fire Apparatus Engineer. The department should contact the Office for the names of Certified Fire Apparatus Engineers who have agreed to conduct practical skill examinations.
- d) Facility Certification and Delivery Systems.
 - 1) Course Approval. (See Section 140.15)
 - 2) The course must be taught at an Unlimited Training Facility. (See Section 140.12)
- e) Curriculum shall consist of a course or courses covering knowledge and skill objectives and depth of coverage as listed in NFPA 1002, Fire Apparatus Driver/Operator Professional Qualifications, 1998 edition. This standard is incorporated by reference and includes no later standard or edition.
- f) State Certification Practical Skill Examination.
 - 1) The state practical skill examinations consist of a series of evolutions covering pumper operations and apparatus driving. Instructors should contact the Office for the practical skill package.
 - 2) All practical skill examinations must be administered by an Instructor II, Certified Fire Apparatus Engineer and observed by two additional persons assigned by the Fire Chief.
 - 3) After the practical examination is completed and scored by the Instructor, a copy of the answer key must be sent to the Office for inclusion in the student's file before certification will be granted.
- g) State Certification Written Examination. To be certified as a Fire Apparatus Engineer, candidates must take and pass the State examination. Firefighter II certification is required before the Fire Apparatus Engineer examination may be taken. Request for exam must be signed by a Fire Service Instructor II who is also a Certified Fire Apparatus Engineer. (See Section 140.8)



Office of the State Fire Marshal
Div. of Personnel Standards and
Education
1035 Stevenson Dr.
Springfield, Ill 62703-4259

Course Approval Submission Form

Course Approval Submission Form

- A. Please review Ill. Admin. Code, Sections 140.1 through 140.420 to comply with regulations.
- B. This form is required for all training and education conducted in fire departments or schools.
- C. Complete Course Approval Submissions, including course outline and examinations where applicable, are required every five years on January 1, unless:
- 1) change of Fire Chief/School Director.
 - 2) change in course content.
 - 3) addition of course not previously submitted.

Fire Department/School
Academy _____

Address _____ Phone
(____) _____

_____ Date

Course Approval Information
Calendar year January 1, through December 31, _____

Course Name	Course # (where applicable)
Firefighter II	
Firefighter III	
Fire Apparatus Engineer	
Hazardous Materials Awareness	
Hazardous Materials First Responder Operations	
Hazardous Materials Technician A	
Hazardous Materials Technician B	
Hazardous Materials Incident Command	
Chemistry of Hazardous Materials	
Airport Firefighter	
Rescue Spec./Roadway Extrication	
Rescue Spec./Confined Space/Trench Aw. Rescue	
Rescue Spec./Confined Space	
Rescue Spec./Trench I	
Rescue Spec./Trench II	
Rescue Spec./Vertical I	
Rescue Spec./Vertical II	
Rescue Spec./Structural. Collapse Awareness	

**The following courses are ONLY College and Association classes
Only**

Colleges

Final

Exams

Management I		
Management II		
Management III		
Management IV		
Fire Prevention Principles		
Tactics & Strategy I		
Tactics & Strategy II		
Fire Service Instructor I		
Fire Service Instructor II		
Fire Service Instructor III		
Fire Service Instructor IV		
Fire Prevention Officer		
Fire Inspector II		
Fire Inspector III		
Public Fire and Life Safety Ed. II		
Public Fire and Life Safety Ed. III		
Fire Investigator		
Arson Investigator		
Juvenile Firesetter Intervention Specialist		
Fire Service Executive Support		

Soc. Sec. #(s) and Name(s) of Certified Instructors (specify which course)

By my signature, I attest that all requirements specified in Illinois Administrative Code, Sections 140.1 through 140.420, are or will be met.

OR

Signature of Fire Chief _____

Signature of Academy Director _____

FOR OFFICE USE ONLY

Initial Course Approval _____

Course(s) _____

Denied _____

Comments _____

Staff Initials _____

Date _____

IL 592-0089 (1/99)

The OSFM is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 111. Rev. State., Chap. 85, Par. 531 et seq. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. This form has been approved by the Forms Management Center.



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Springfield, Ill 62703-4259

Request for Certification as an Unlimited Training Facility or Regional Training Center

The _____ Fire Department/Fire Protection District hereby applies for certification by the Office of the State Fire Marshal as a Training Center and certifies that the facilities, apparatus, equipment, reference material, records, procedures and staff listed on this form are in the possession of the facility or have readily available to them for use in conducting the required training of Firefighters. I understand that a waiver may be granted if I identify a substitute facility or resource and I hereby agree to improvise to provide all learning experiences required by the Division of Personnel Standards and Education.

I, _____ (_____) _____
Fire Chief or authorized representative Phone Number

Address City Zip

do hereby certify that the items marked "Yes" on the attached Minimum Resources Lists are readily available for training at this fire department as required by the Illinois Administrative Code, Section 140.12.

Signature

**RESOURCES REQUIRED FOR CERTIFICATION
AS TRAINING FACILITY**

Any installation or facility may, upon submitting an application and an inventory to the Office of the State Fire Marshal, Division of Personnel Standards and Education, be approved as a training facility for conducting training as prescribed. In order to be approved, a training center must possess, or have readily available for use, the following facilities, apparatus, equipment, reference material, established records, procedures and staff.

MINIMUM RESOURCES LIST

PLEASE CHECK ONE:

<u>YES</u>	<u>NO</u>	<u>I.</u>	<u>FACILITIES</u>
_____	_____	1.	Training tower, not less than two (2) stories in height, suitable for use as a training structure for ladder evolutions, rescue drills, hose advancement and rope work.
_____	_____	2.	Classroom with adequate environmental control and seating capacity for the anticipated trainee population.
_____	_____	3.	Forcible entry and ventilation drill facilities, including a means of providing the trainee an opportunity to practice opening a variety of doors, windows, roofs, floors and partitions, that are representative of the type of construction found in the community.

YES **NO**

NOTE: Any or all of these facilities may be combined into one structure.

- | | | | |
|-------|-------|----|---|
| _____ | _____ | 4. | A smoke and fire room or building suitable for containing, and equipped for simulating, fire atmospheres and conditions. |
| _____ | _____ | 5. | Facilities for conducting live fire training (by permission and within restrictions of environmental control agencies) and rescue in: |
| _____ | _____ | a. | Structural fires |
| _____ | _____ | b. | Flammable Liquid fires |
| _____ | _____ | c. | LP and natural gas fires |
| _____ | _____ | d. | Automobile fires |

II. **APPARATUS**

- | | | | |
|-------|-------|----|---|
| _____ | _____ | 1. | Pumper apparatus, fully equipped as specified in NFPA 1901. |
|-------|-------|----|---|

III. **EQUIPMENT**

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | 1. | All current types and classes of portable fire extinguishers. |
| _____ | _____ | 2. | Forcible entry tools such as: pry-axe, pick head axe, pike pole, wrecking bar, hatchet, wire and bolt cutters, claw and Kelly tool, crow bar, Halligan tool, manual and power saws and jacks. |
| _____ | _____ | 3. | Ropes of assorted lengths, with at least one which is not less than 3/4 inch in diameter or shorter than 100 feet in length, suitable for rescue, rappelling and practicing knots and lashings. |
| _____ | _____ | 4. | All equipment specified by NFPA Standard #1901. |
| _____ | _____ | 5. | Salvage and overhaul equipment including covers, carryalls, cleaning and patching equipment, and sprinkler kits. |
| _____ | _____ | 6. | Approved self contained breathing apparatus in sufficient numbers to enable each student to wear the equipment for at least the duration of one fully charged air tank during a specified training evolution. |
| _____ | _____ | 7. | Emergency medical supplies for teaching the Emergency Medical Care portion of the course. |
| _____ | _____ | 8. | One mechanical breathing assist device preferable with resuscitator, aspirator, inhalator capability. |
| _____ | _____ | 9. | Slide and/or overhead type projector. |
| _____ | _____ | 10. | Standard classroom equipment: chalk board, white board and/or flip chart . |
| _____ | _____ | 11. | Protective clothing (one full set for each student including the structural helmet with a face shield. Students should provide their own while training at a facility other than their duty station.) |
| _____ | _____ | 12. | Other instructional aids as may be required. |

<u>YES</u>	<u>NO</u>	<u>IV.</u>	<u>REFERENCE MATERIAL</u>
_____	_____	1.	A current copy of NFPA and IFSTA training manuals for the type of training being conducted.
_____	_____	2.	Have available for students use, reference materials needed to support the knowledge and skill objectives for training.
		<u>V.</u>	<u>RECORDS AND ESTABLISHED PROCEDURES</u>
_____	_____	1.	Training records which reflect: who was trained, subject taught, objectives covered, instructor, where training was conducted, hours, dates of training, signatures or initials of the trainees and the instructors signature.
_____	_____	2.	A system of evaluating the effectiveness of the class, instructor and all participants:
_____	_____	a.	Testing technique utilized: oral, written, practical or combination
_____	_____	b.	Instructor and course appraisal procedures.
		<u>VI.</u>	<u>STAFF</u>
_____	_____	1.	One or more persons who have been certified by the Division as an Instructor at the appropriate levels for conducting training as indicated in the Administrative Code.

List substitute resources: (identify which section and number that is to be substituted)

Approved_____

Date_____

IL 592-0080 (6/96)

The OSFM is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 50 ILCS, Act 740, Illinois Fire Protection Training Act. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. This form has been approved by the Forms Management Center.



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Div. of Personnel Standards and Education
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COURSE COMPLETION ROSTER

****This Roster MUST BE FULLY COMPLETED****

Successful completion of a course is determined by following the Illinois Administrative Code, Section 140, Part 140.16.

NAME OF TRAINING FACILITY OR SCHOOL:	
LOCATION OF CLASS:	PROGRAM HOURS:
CLASS INSTRUCTOR:	COURSE STARTED:
COURSE TITLE/AND OR #:	COURSE ENDED:

STUDENT NAME AND S.S. #:	Fire Dept. OR Fire Prot. Dist.:	HOURS ABSENT:

My signature on this document certifies that the end-of course examinations have not been compromised prior to the exam date and that they were administered under the rigid controls as required by the Division of Personnel Standards and Education, Office of the State Fire Marshal.

Fire Chief or School Coordinator



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Request for Examination

Specify **ONE** level of test here

FOR SCHEDULING EXAMINATION DATES, A **MINIMUM** OF **30 DAYS** IS REQUIRED AFTER RECEIPT OF THIS REQUEST. Each department requesting exams must complete a separate request form for each level of exam.

Phone (____) _____

Fire Department/School _____

Address _____

City _____

Ill. _____
Zip code _____

FIREFIGHTER EXAMINATION REQUEST INFORMATION

<u>Date</u>	<u>Location</u>	<u>Time</u>	<u>Date</u>	<u>Location</u>	<u>Time</u>
1st Choice _____	_____	_____	3rd Choice _____	_____	_____
2nd Choice _____	_____	_____	4th Choice _____	_____	_____

Dept. having course approval: _____ **OR** School having course approval: _____

By my signature below as Fire Chief/School Director, I certify that all firefighter certification training requirements as established by the Division of Personnel Standards and Education have/will have been met for the individuals requesting the examination. As Fire Chief/School Director, I certify that all individuals are fire protection personnel meeting 50 ILCS 740§.

Check the appropriate box below

☐ As Fire Chief, I further certify that Fire Department records exist for each individual covering all training requirements; e.g., subject areas, practical skill examinations. By my signature below I further certify that this request form serves as a partial roster of current members of my department.

☐ As School Director I further certify that all firefighter certification training requirements as established by the Division of Personnel Standards and Education have/will have been met for the individuals requesting the examination.

Fire Chief's/School Director's **Signature**

Fire Chief's/School Director's **Soc. Sec. #** Fire Chief's/School Director's **Printed Name**

Qualified Instructor's **Signature**

Instructor's **Soc. Sec. #**

Instructor's **Printed Name**

No person shall be reexamined without documented learning experience in each failed subject area.
IL 592-0314 (7/97)

The OSFM is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 50 ILCS, Act 740, Illinois Fire Protection Training Act. Disclosure of this information is **REQUIRED**. Failure to provide any information will result in this form not being processed. This form has been approved by the Forms Management Center.

ATTENTION: ALL PERSONS SIGNING REQUEST MUST BE ENGAGED AS FIREFIGHTERS IN ILLINOIS

Your Fire Dept/School Name: _____

DIVISION ACTION (for office use only)

Your Fire Department FDID: _____

Request Approved for _____.

Address _____

Per OSFM Rules, Section 140.50(a), OSFM will not knowingly examine or certify individuals not in compliance with said rules. Proof, when requested by OSFM shall be the sole responsibility of the Fire Chief/School Director who endorsed this form.

Specify **ONE** level of test here

By signing this form, I attest that the statements above are true and give my permission to the Office of the State Fire Marshal to release my examination scores to the officers of my department and/or the facility where I completed training.

Office Use

Bat. & Exam #	Printed Name	Fire Dept.	FDID	Soc. Sec. #	(Sign Out)

****Printed Names and Social Security Numbers are required for all persons being examined!**

PREREQUISITES FOR CERTIFICATION

1. Member of an organized fire department or brigade according to the Illinois Administrative Code, Section 140.
2. Certification as Firefighter II.
3. Completion of an approved Fire Apparatus Engineer course of a minimum of 40 student contact hours.
4. Pass State administered written examination and locally administered State hydraulics practical examination for both Pumping Operations and Apparatus Driving.
5. Possess a VALID driver's license of Class B, Non-CDL or better.
6. Completion of the driving practical evolutions as determined in the Instructor's Reference Manual which meets NFPA 1002 (1998 edition), including Appendix A.
7. Submit an application for certification with driving attestation of local authority having jurisdiction



OFFICE OF THE STATE FIRE MARSHAL
Division of Personnel Standards and Education
1035 Stevenson Dr.
Springfield, IL 62703-4259

APPLICATION FOR CERTIFICATION

APPLICANT'S NAME: _____ S.S.# _____
Home Address _____ Phone() _____

FIRE DEPT. MEMBERSHIP: _____ Phone() _____
Address _____ Date: _____

NOTE: All course and experience certification prerequisites must be met, according to appropriate Section of Illinois Administrative Code, listed. Transcripts or Completion Records (non-credit delivery) must be attached.

Check Level of Certification Requested:

- | | |
|---|---|
| <input type="checkbox"/> 140.50 Certified Firefighter II | <input type="checkbox"/> 140.185 Public Fire and Life Safety Ed. III |
| <input type="checkbox"/> 140.55 Airport Firefighter | <input type="checkbox"/> 140.200 Fire Investigator |
| <input type="checkbox"/> 140.60 Certified Firefighter III | <input type="checkbox"/> 140.215 Fire Inspector II and Plan Examiner |
| <input type="checkbox"/> 140.65 Certified FAE | <input type="checkbox"/> 140.220 Fire Inspector III and Plan Examiner |
| <input type="checkbox"/> 140.70 Fire Officer I | <input type="checkbox"/> 140.225 Haz. Mat. First Responder-Awareness |
| <input type="checkbox"/> 140.70 Provisional Fire Officer I | <input type="checkbox"/> 140.230 Haz. Mat. First Responder-Operations |
| <input type="checkbox"/> 140.71 Fire Service Executive Support | <input type="checkbox"/> 140.232 Haz. Mat. Technician <input type="checkbox"/> A OR <input type="checkbox"/> B |
| <input type="checkbox"/> 140.80 Fire Officer II | <input type="checkbox"/> 140.238 Hazardous Materials Incident Command |
| <input type="checkbox"/> 140.80 Provisional Fire Officer II | <input type="checkbox"/> 140.240 Rescue Specialist-Roadway Extrication |
| <input type="checkbox"/> 140.130 Fire Service Instructor I | <input type="checkbox"/> 140.241 Confined Space/Trench Awareness |
| <input type="checkbox"/> 140.140 Fire Service Instructor II | <input type="checkbox"/> 140.242 Rescue Specialist-Confined Space |
| <input type="checkbox"/> 140.150 Fire Service Instructor III | <input type="checkbox"/> 140.243 Rescue Specialist-Trench |
| <input type="checkbox"/> 140.171 Fire Prevention Officer | <input type="checkbox"/> 140.245 Rescue Specialist-Vertical I |
| <input type="checkbox"/> 140.172 Juvenile Firesetter Intervention Spec. | <input type="checkbox"/> 140.246 Rescue Specialist-Vertical II |
| <input type="checkbox"/> 140.180 Public Fire and Life Safety Ed. II | <input type="checkbox"/> 140.247 Rescue Spec.-Structural Collapse Aware. |

ATTESTATION:

We attest that this applicant has exhibited experience and documentation exists supporting the appropriate Illinois Administrative Code. We also certify the information and documentation on or attached to the application is accurate, and records are maintained in this department and available for review by Division staff.

Signature of Fire Chief

Signature of Qualified Instructor

Fire Chief's Printed Name

Qualified Instructor's Printed Name

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FIRE APPARATUS ENGINEER
VALIDATION/ATTESTATION KEY

must be returned with the APPLICATION FOR CERTIFICATION

NAME: _____ F.D.: _____
S.S.# _____ DATE: _____

NFPA 1002 OBJECTIVES (date of completion):

- ☐ 11-12-1 (1-3.1)
- ☐ 11-12-2 (1-3.2)
- ☐ 11-12-3 (1-3.3)
- ☐ 11-12-4 (2-2)
- ☐ 11-12-5 (2-3.1)
- ☐ 11-12-6 (2-3)
- ☐ 11-12-3 (2-3.7)
- ☐ 11-12-3 (2-3.6)
- ☐ 11-12-3 (3-1.4)
- ☐ 11-12-7 (3-2.1)
- ☐ 11-12-8 (3-2.4)
- ☐ 11-12-10 (3-2.4)
- ☐ 11-12-9 (3-2.1)
- ☐ 11-12-11 (3-2.2)
- ☐ 11-12-12 (3-2.3)
- ☐ 11-12-13 (3-2.4)
- ☐ 11-12-14 (3-1.1)

OR **APPENDIX A:**

- ☐ (a)
- ☐ (b)
- ☐ (c)
- ☐ (d)
- ☐ (e)
- ☐ (f)
- ☐ (g)
- ☐ (h)
- ☐ (i)

OR CURRENT LICENSE
OF APPROPRIATE
CLASS WHICH WAS
ISSUED MEETING
THE CRITERIA OF
ONE OF THE
PRECEDING TWO
COLUMNS:

☐ _____

OPTIONAL:

AERIAL LADDER SKILLS:

- ☐ 11-14-1 (4-1.1)
- ☐ 11-14-2 (4-1.2)
- ☐ 11-14-3 (4-1.3)
- ☐ 11-14-4 (4-2.1)
- ☐ 11-14-5 (4-2.2)
- ☐ 11-14-6 (4-2.3)
- ☐ 11-14-7 (4-2.4)
- ☐ 11-14-8 (4-2.5)

TILLER SKILLS:

- ☐ 11-15-1 (5-1)
- ☐ 11-15-2 (5-2.2)
- ☐ 11-15-3 (5-2.2)
- ☐ 11-15-4 (5-2.3)

(Fire Chief's Signature)

(Fire Chief's Name Printed)

(Fire Chief's Social Security Number)